

**SECTION I: GENERAL
INFORMATION****CR-ERNS Number:****Date of Initial Release:****Date of Initial Call to NRC:****Type of Report:** Indicate below the type of report you are submitting.

☐ Initial Written Notification ☐ First Anniversary
Follow-up Report ☐ Written Notification
of a Change to
Initial Notification ☐ Written Notification
of a Change to
Follow-up Report

Signed Statement: I certify that the hazardous substances releases described herein are continuous and stable in quantity and rate under the definitions in 40 CFR 302.8(a) or 355.4(a)(2)(iii) and that all submitted information is accurate and current to the best of my knowledge.

*Name and Position*_____
*Date*_____
*Signature***Part A. Facility or Vessel Information****Name of Facility or Vessel****Person
in Charge
of Facility
or Vessel**

Name of Person in Charge

Position

Telephone No. ()

Alternate Telephone No. ()

**Facility
Address or
Vessel
Port of
Registration**

Street

County

City

State

Zip Code

Dun and Bradstreet Number for Facility**Facility/Vessel
Location**

Latitude Deg ____ Min ____ Sec ____

Longitude Deg ____ Min ____ Sec ____

Vessel LORAN Coordinates**Part B. Population Information****Population
Density**

Choose the range that describes the population density within a one-mile radius of your facility or vessel (Indicate by placing an "X" in the appropriate blank below).

____ 0 - 50 persons ____ 101 - 500 persons ____ more than 1000 persons
____ 51 - 100 persons ____ 501 - 1000 persons

**Sensitive
Populations
and
Ecosystems
Within One
Mile Radius**Sensitive Populations or Ecosystems
(e.g., schools, hospitals, wetlands, wildlife preserves, etc.)

Distance and direction from facility